

Ariana Lenk 2012

Application Form for Summer Language Course in Lenk

Please fill in the form in block letters!

Surname: _____ First name: _____

 Boy Girl Date of birth: _____ Nationality: _____

Religion: _____ Native language: _____

Date of entry (Mondays): _____ Date of departure (Saturdays): _____

Selected main language (3 lessons):

German English French
 Level: Beginner Intermediate Advanced

Selected language in the 4th lesson:

German English French
 Level: Beginner Intermediate Advanced

Optional additional private lessons available in the following subjects (can also be finalized on arrival):

German: ____ per week English: ____ per week French: ____ per week Additional subjects on request

Choice of afternoon leisure and sport program:

Mountain biking Basketball Beach volleyball Tennis
 I will bring my own mountain bike I would like to rent a mountain bike

Compulsory accident insurance:

My child requires accident insurance for the duration of the summer course
 Copy of valid accident insurance policy attached

Laundry required: yes no

Airport transfers: Yes (flight details can be given later)

How did you learn about our school?

Agency Friends Internet Advertisement I've been an ARIANA student before

Surname and first name of parent(s): _____

Profession: _____ Street: _____

Zip Code, City: _____ Country: _____

Telephone: _____ Fax: _____ E-mail: _____

The weekly course fee is CHF 1330.-. Bookings are made in the order in which applications are received. A deposit of CHF 500.- must accompany this application. It will be credited to the final account.

On the basis of the prospectus, the General Terms of Contract and Travelling (GTCT) and the house rules of Ariana AG, all of which are integral parts of the contract, the undersigned hereby enrolls the above mentioned student for the summer course in Lenk. The contract is subject to Swiss law. Court of jurisdiction is St. Gallen. The attendance of classes is compulsory. Fees are to be paid 30 days before the beginning of a course.

Signature of the parental authority: _____

Please turn over.

State of Health

Fitness for sports: yes

no: _____

Swimmer

Non-swimmer

Allergies: _____

Long-term prescribed medication: _____

Tetanus vaccination: yes Date: _____ no

Other important information about student's health: _____

Place and date: _____

Signature of parental authority: _____

Deposit

The deposit amount will be credited to the final account at the end of the course. The final invoice will be given to the student. In case of a credit, please choose among the following refund possibilities:

- Credit amount can be given back to the student in cash on the departure day
- Credit amount must be sent by bank transfer to the following account:

Name & address of beneficiary: _____

Name of bank: _____

IBAN: _____

Swift: _____ Clearing no.: _____

- Credit amount must be transferred to the agency

All bank charges are at the expense of the beneficiary. If the information about how to return the credit amount is missing, it will be given back to the student in cash. If there is a balance exceeding the deposit paid, the final invoice will be given to the student and must be paid promptly.

Place and date: _____

Signature of parental authority: _____

Please enclose 2 passport photographs.

Bank details:

Payments in Swiss Francs (CHF). Other currencies will be converted according to the exchange rate of the day.

Please specify the student's surname and first name.

Beneficiary: ARIANA AG, Höhenweg 60, 9000 St. Gallen/Switzerland, Bank: CREDIT SUISSE,

8070 Zurich/Switzerland, IBAN: CH85 0483 5044 7759 9100 0; Swift: CRESCHZZ80A; Clearing number: 4835